Name In Full James Edward Atkinson

Certificate of Death

Died at Town Lonaconing County Alleganey MARYLAND

Date 1899 Month Oct Day 2 | Age Y. 25 M. 3 D. 28 | Native of U.S. | Occupation Miner

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name Jasper Atkinson Mother's Name Mary Atkinson 57

Cause of Death: Primary Aortic Insufficiency. Mitral regurgitation. How long sick 30 days

Immediate Heart failure. Oedema of lungs. ~~Accident, Suicide, Homicide~~

Reported by Alex. D. Porter

Address Lonaconing Mary Land.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full Harry Brandler

Certificate of Death

Died at Town Cumberland, County Allegany MARYLAND

Date 1899 Month Oct. Day 24 Age Y. 28 M. — D. Native of Maryland Occupation Boiler-Keeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name J. N. W. Brandler Mother's Name — Brandler

Cause of Death: Primary Organic Cardiac disease 5 7 How long sick some years

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Dr James J. Johnson

Address Cumberland Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65968

Name in Full James Cooke

Certificate of Death

Died at Town Oakland County Allegany Co MARYLAND

Date 1894 Month Oct. Day 3

Age Y. 5 M. 6 D. 1

Native of Scotland Occupation Miner

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 6

~~Husband~~ Wife of Margaret Nichol

Father's Name James Cooke

Mother's Name Janet Martin Thomb

Cause of Death: Primary 42

How long sick Sudden death

Immediate Cerebral Hemorrhage

~~Accident, Suicide, Homicide~~

Reported by J. O. Bullock

Address Oakland Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65088

Name in Full Danzig

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month Oct Day 15 Age Y. - M. - D. 5 Native of Cumberland Occupation Infant

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ——

Father's Name Jacob Danzig

Mother's Name Danzig

Cause of Death: Primary ~~[illegible]~~ Meningitis — How long sick 24 hours

Immediate Convulsions — ~~Accident, Suicide, Homicide~~

Reported by E. T. Dupe

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Dennis Doolan

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 9 Month Oct. Day 6 | Age Y. 55 M. — D. | Native of Ireland Occupation Miner

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband ~~Wife~~ of Ann Doolan 70

Father's Name — Mother's Name —

Cause of Death { Primary Chronic Bronchitis ~~How long sick~~ 3 days

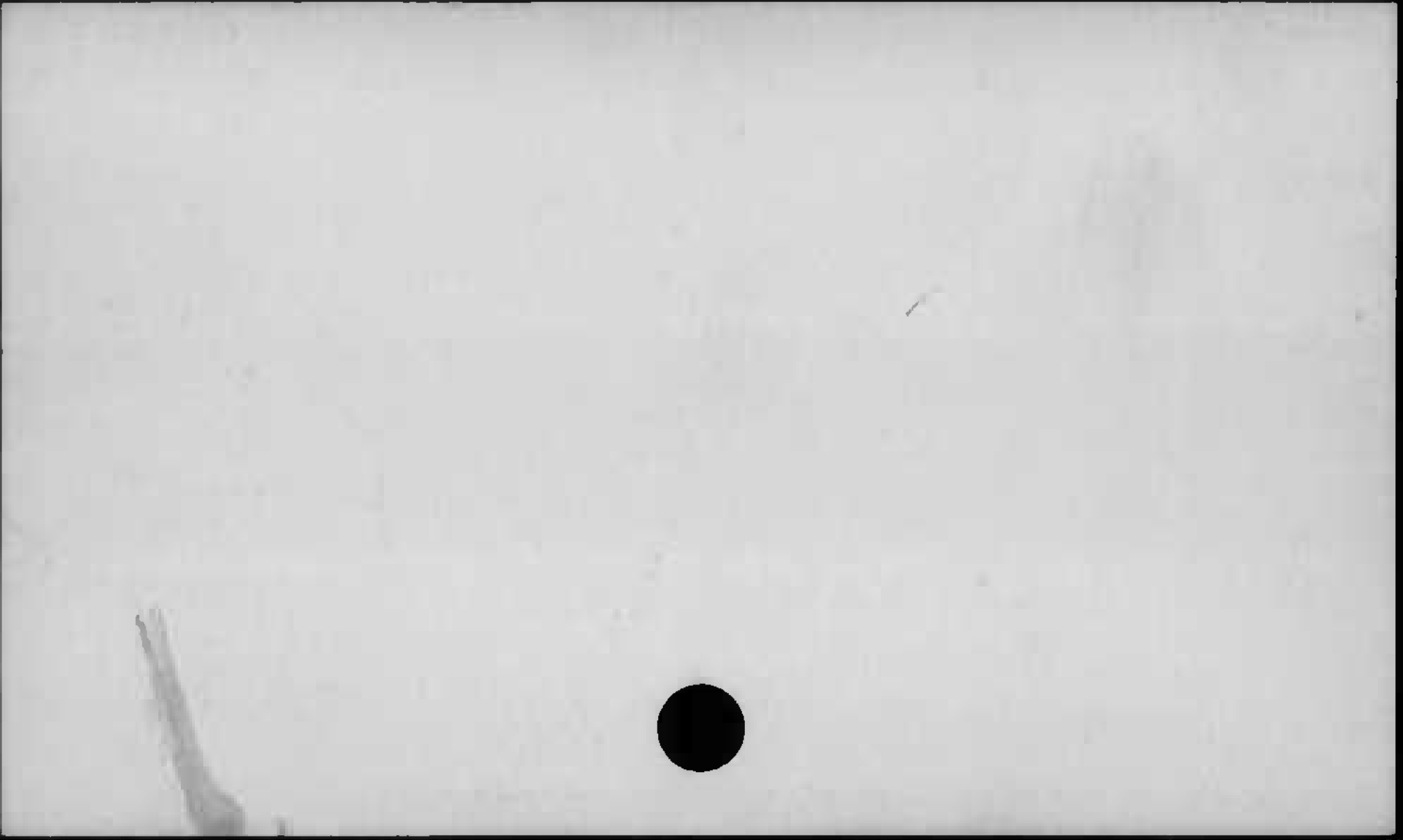
Immediate An acute exacerbation of the disease — ~~Accident Suicide Homicide~~

Reported by M. Gibson Porter

Address Lonaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]B



Name in Full Mary E. Gardner

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 9 Month Oct Day 24 | Age Y. 54 M. 5 D. 1 | Native of England | Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of John N. Gardner, deceased

Father's Name Wm. Tennent Sr. Mother's Name 2.2a

Cause of Death: Primary Pulmonary Tuberculosis How long sick 3 mos

Immediate " " ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Porter

Address Lonaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Certificate of Death

Minnie Beatrice Graham

Died at Town Lonaconing County Allegany MARYLAND

Date 1899 Month Oct Day 3 | Age Y. 5 M. — D. | Native of Lonaconing | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

7

Father's Name Frank Graham Mother's Name Clementine Graham

Cause of Death

Primary Whooping Cough How long sick 3 weeks

Immediate Bronchitis ~~Accident, Suicide, Homicide~~

Reported by Dr J D. Skilling

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78[illegible]

Name in Full

Certificate of Death

John H Hobrook

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month Oct Day 31 Age Y. 47 M. 10 D. Native of Md. Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower Divorced

Number of children living 3

Husband of Wife —

Father's Name — Mother's Name —

Cause of Death: Primary Tuberculosis 2 2 A — How long sick 6 Mo.

Immediate Pneumonia & Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Geo. L. Broadrup MD

Address 100 Va Ave Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65262

Name in Full — Certificate of Death

George Jones

Town: So Cumberland — County: Allegany — MARYLAND

Died at

Date 1899 — Month: Oct — Day: 21 — Age: Y. 5 M. D. — Native of: Md. — Occupation: —

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~

Number of children living

Husband / Wife of —

Father's Name: Wm Gittings

Mother's Name: Annie Jones

Cause of Death — Primary: Scarlatina 62 — How long sick: 2 da

Immediate: Meningitis

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by Geo. L. Broadrup M.D.

Address 100 Va Ave. Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name in Full Mrs. Mary Law

Certificate of Death

Died at Town Cumberland, County Allegany MARYLAND

Date 1899 Month Act. Day 24 Age Y. 54 (?) M. D. Native of Cumberland Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3 (?)

Husband of Wife John (?) Law

Father's Name Don't Know Mother's Name Don't Know

Cause of Death Primary Gangrene left leg 126 How long sick 3 weeks

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by James F. Johnson, M.D.

Address Cumberland Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Elsie J. Mason

Certificate of Death

Died at 218 Bridge, Allegany, MARYLAND

Town County

Date 1899 Month Oct Day 2 Age Y. 1 M. 8 D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Chas. Mason Mother's Name Nannie Bobo

Cause of Death Primary ~~Eclampsia~~ Enteritis — How long sick

Immediate Eclampsia Accident, Suicide, Homicide

Reported by E B Claybrook M.D.

Address 108½ Va Ave Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Chalmer A. Mobis

Certificate of Death

Died at Town Ellerslie County Allegany MARYLAND

Date 1899 Month 10 Day 12 | Age Y. 6 M. 10 D. | Native of Md | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name C E Mobis

Mother's Name Elizabeth Mobis

Cause of Death: Primary Diphtheria

Immediate Croup

How long sick 6 days

~~Accident, Suicide, Homicide~~

Reported by J. Carl Smith M D

Address Ellerslie Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full James Nolan

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 0 Month Oct Day 14 Age Y. 18 M. 2 D. Native of U.S. Occupation Miner

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Mich Nolan

Mother's Name Sarah

Cause of Death: Primary Typhoid Fever

Immediate Meningitis

How long sick 17 days

~~Accident, Suicide, Homicide~~

Reported by Co Prothonotary

Address Lonaconing Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 80088

Name in Full John Ott

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month Oct. Day 26 | Age Y. 5 M. D. | Native of Cumberland | Occupation

Male ✓ White ✓ ~~Married~~ ~~Widowed~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widowed~~ ~~Number of children~~

Husband of
Wife

Father's Name John Ott. Mother's Name Annie Ott

Cause of Death { Primary Membranous Croup | How long sick Ten days.

{ Immediate Exhaustion | Accident, Suicide, Homicide

Reported by R. H. Fechtig M.D.

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968

Name in Full Mrs Maria Reynolds Sr. Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month Oct Day 30 Age Y. 81 M. D. Native of Ireland Occupation —

~~Male~~ Female White ~~Colored~~ Married Single Widow ~~Widower~~ ~~Divorced~~ Number of children living 5

~~Husband~~ Wife of James Reynolds (Decd)

Father's Name Kelly Mother's Name Temple

Cause of Death: Primary — How long sick 1 wk

Immediate Old Age 14 1

~~Accident, Suicide, Homicide~~

Reported by E. L. Jones M.D.

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full Gentry

Certificate of Death

Died at Town Franklin County Allegany MARYLAND

Date 189 9 Month Oct Day -21 | Age Y. M. D. Infant | Native of Infant | Occupation Infant

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name David Gentry | Mother's Name Sarah Gentry

Cause of Death: Primary Still Born | How long sick

Immediate | Accident, Suicide, Homicide

Reported by D. J. Long

Address Piedmont Wva John F. Dawson Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75[illegible]

Attended by Dr. [illegible]

of [illegible]

Seen by Coroner [illegible]

of [illegible]

Information contained in this certificate received from [illegible]

of [illegible]

Name in Full | Certificate of Death

Arthur B. Snyder

Died at Town Cumberland County Allegany MARYLAND

Date 189 9 Month Oct Day 23 Age Y. M. D. 6 Native of Cumberland Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of ~~children living~~

Husband of Wife

Father's Name Alonzo Snyder Mother's Name Hattie Smallwood

Cause of Death Primary Entero Colitis How long sick

Immediate Exhaustion Accident Suicide Homicide

Reported by E. B. Clay Brood M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name In Full John Tennant

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 Month Oct Day 22 | Age Y. 68 M. - D. 28 | Native of Scotland | Occupation Miner

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widowed~~ Widower | ~~Divorced~~ | Number of children living 3

Husband of Wife Annie Tennant

Father's Name ——— | Mother's Name ———

Cause of Death: Primary La Grippe & Pneumonia | How long sick 8 days

Immediate Cardiac Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Porter

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Frank Troxell

Certificate of Death

Died at Town Cumberland County Allegany Co MARYLAND

Date 1894 Month Oct. Day 15 Age Y. 8 M. D. Native of Maryland Occupation Schoolboy

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Thomas Troxell Mother's Name Mrs Thomas Troxell

Cause of Death Primary Diphtheria 8 W How long sick 12 days

Immediate Heart Failure (Paralysis) ~~Accident, Suicide, Homicide~~

Reported by F. W. Fochtman M.D.

Address 18 N. Centre St Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65[illegible]

Name In Full

Certificate of Death

Mrs. Katie Winn

Died at Town Lonacoming County Allegany MARYLAND

Date 1899 Month Oct Day 21 | Age Y. 63 M. — D. — | Native of Ireland | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Six

~~Husband~~ of Wife Michael Winn

Father's Name Patrick Conlyn Mother's Name Katie Conlyn

Cause of Death Primary Pneumonia How long sick 3 weeks

Immediate Gen Carditis 72 ~~Accident, Suicide, Homicide~~

Reported by L. B. Skilling M.D.

Address Lonacoming Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898